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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
1 Ottom 1	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typyir over the lines	ng, type 12FE4M5
CINCINNATI B	ELL INC FEDERAL PAC	
ADDRESS (number and s	treet) 221 E FOURTH STREET (103-1280)	
(Check if address is changed)		
	CINCINNATI	OH 45202 - 111
	CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address X is changed)	yvonne.lesicko@cinbell.com	
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
(Check if address	1	
is changed)		
2. DATE M M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICATION	TION NUMBER C C00087478	
4. IS THIS STATEM	ENT NEW (N) OR X AMENI	DED (A)
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is tr	rue, correct and complete
	VIMPERI V CUEFUV	
Type or Print Name of	Freasurer KIMBERLY SHEEHY	
Signature of Treasurer	Electronically Filed by KIMBERLY SHEEHY	Date 111 / 11 / 2009
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person sign	
Office		information contact.
Use Only		tion Commission FEC FORM 1